OMB#: 2050-0024 Expires 11/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report						
2. Site EPA ID Number (page 10)	EPA ID Number						
3. Site Name (page 10)	Name:						
4. Site Location	Street Address:						
Information (page 10)	City, Town, or Village:		State:				
(1.13.17)	County Name:		Zip Code:				
5. Site Land Type (page 10)	Site Land Type: □ Private □ County □ District	□ Federal □	∃Indian □ Municipal □ State	□ Other			
6. North American Industry Classification	A. B.						
System (NAICS) Code(s) for the Site (page 10)	C. D.						
7. Site Mailing	Street or P. O. Box:						
Address (page 11)	City, Town, or Village:						
	State:						
	Country:		Zip Code:				
8. Site Contact Person	First Name:	MI:	Last Name:				
(page 11)	Phone Number: Extension	on:	E-mail address:				
9. Operator and Legal Owner	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):				
of the Site (pages 11 and 12)	Operator Type: ☐ Private ☐ County ☐ District	: □ Federal [□ Indian □ Municipal □ State □ Other				
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):				
Owner Type: □ Private □ County □ District □ Federal □ Indian □ Municipal □ State □ Other EPA Form 8700-13 A/B (Revised 09/2007) Page 1 of 3							
LIAIUIII UI UU-IS A/D ((11041350 03/2001)			i aye i Ui 3			

EPA ID NO:		_		OMB#: 2050-0024 Expires 11/30/2009	
9. Legal Owner (Continued) Address	Street or P. O. Box:			·	
	City, Town, or Villa	ge:			
	State:				
	Country:			Zip Code:	
10. Type of Regulated Mark "Yes" or "No	_	olete any additional boxes	s as instructed.	(See instructions on pages 13 to 16.)	
A. Hazardous \ all parts for	Waste Activities Comple 1 through 6.	te			
Y □ N □ 1. Generator			Y □ N □ 2.	Transporter of Hazardous Waste	
If "yes", c	hoose only one of the fo	ollowing - a, b, or c.	V=N= 0	T	
□ a. LQG	: Greater than 1,000 kg/m of non-acute hazardou		Y □ N □ 3.	Waste (at your site) Note: A hazardous waste permit is required for this activity.	
□ b. SQG	: 100 to 1,000 kg/mo (220 of non-acute hazardous	·	Y □ N □ 4.	Recycler of Hazardous Waste (at your site)	
	QG: Less than 100 kg/mo of non-acute hazard indicate other generator	Y□N□ 5 .	Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies. a. Small Quantity On-site Burner Exemption		
	_			□ b. Smelting, Melting, and Refining	
Y □ N □ d. Unite	d States Importer of Haza	rdous Waste	V-N- 0		
Y □ N □ e. Mixed	d Waste (hazardous and r	adioactive) Generator	Y□N□ 6.	Underground Injection Control	
B. Universal Was	te Activities			ed Oil Activities	
Y □ N □ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply: Managed			Mark all boxes that apply. Y □ N □ 1. Used Oil Transporter If "yes", mark each that applies. □ a. Transporter □ b. Transfer Facility		
a. Batteries			Y □ N □ 2. U	Jsed Oil Processor and/or Re-refiner	
b. Pesticide	S			If "yes", mark each that applies.	
c. Thermost	tats			□ a. Processor □ b. Re-refiner	
d. Lamps			'	B. Re femilei	
e. Other (sp	ecify)	_ 0	Y □ N □ 3. (Off-Specification Used Oil Burner	
	pecify)		YINIAI	Jsed Oil Fuel Marketer	
	pecify)			If "Yes", mark each that applies.	
	on Facility for Universal Nardous waste permit may	Waste be required for this activity.		Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications	

11. Description of Hazardous Wastes (See instructions on page 17.)								
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.								
hazardous wa	B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.							
12. Comments (Se	ee instructions on	page 17.)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 17.)								
Signature of opera authorized represe						Date Signed (mm/dd/yyyy)		

EPA ID NO:

OMB#: 2050-0024 Expires 11/30/2009

OMB#: 2050-0024 Expires 11/30/2009

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:						ENVIRONMENTAL ECTION AGENCY		
SITE NAME:						2008 Haz	zardous Waste Rep	ort
EPA ID NO:					FORM GM		TE GENERATION MANAGEMENT	
Instruction	Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.							
Sec. 1	A. Waste description							
B. EPA	hazardous waste code				hazardous w			
D. 0								
D. Sour	re code	E. Form o		Quantity generated in 2008 G. UOM				
Man	agement Method code for Source c	ode G25					Density	
	LHТТТ						L_LL_ □ lbs/gal □	
Sec. 2 Was any of this waste managed on site? (pages 24 and 25) 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 2 No (SKIP TO SEC. 3)								
ON-SITE	PROCESS SYSTEM 1		ON-SITE	PRO	CESS SYSTI	EM 2		
On-site Method	Management Quantity treated, code recycled on site in		On-site M Method co	dite Management Quantity treated, disposed, or recycled on site in 2008				
ин								
Sec. 3 A. Was any of this waste shipped off site in 2008 for treatment, disposal, or recycling? (pages 25 and 26) □ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)								
Site 1	B. EPA ID No. of facility to which waste was shipped		C. Off-site Management Method code Shipped to			D. Total quantity shipped in 2008		
		LHT					<u> </u>	
Site 2	B. EPA ID No. of facility to which waste was shipped		C. Off-site Management Method code Shipped to			ntity shipped in		
		I LHTT	LHTTT				•	
Site 3	Site 3 B. EPA ID No. of facility to which waste was shipped C. Off-site Management code Shipped to			ethod		ntity shipped in		
							•	
Comme	ns.							

OMB#: 2050-0024 Expires 11/30/2009

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: SITE NAME: EPA ID NO:

U.S. ENVIRONMENTAL PROTECTION AGENCY

2008 Hazardous Waste Report

FORM WR

WASTE RECEIVED FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.							
Waste 1	A. Description of hazardous w	B. EPA hazardous waste code	C. State hazardous waste code				
D. Off-site handler EPA ID number		eived in 2008					
G. Form	code H	I. Management N	Method code				
Waste 2		B. EPA hazardous waste code	C. \$	State hazardous waste code			
□ Mark if same as in Waste 1			uantity received in 2008 F.		F. UOM Density		
G. Form code		H. Management Method code					
Waste 3	A. Description of hazardous	s waste	B. EPA hazardous waste code	C. :	State hazardous waste code		
D. Off-site handler EPA ID number Mark if same as in Waste 2		E. Quantity received in 2008 F.		F. (UOM Density ☐ 1 lbs/gal ☐ 2 sg		
		H. Management					
Commen	nts:	•		1			

BEFORE COPYING FORM, ATTACH SITE ID OR ENTER:	DENTIFICATION LABEL		U.S. ENVIRONMENTAL PROTECTION AGENCY			
SITE NAME:			2008 Hazardous Waste Report			
EPA ID NO:		FORM OI	OFF-SITE IDENTIFICATI			
Instructions: Please read the detailed instructi	ons on the reverse side be	efore completing th	s form.			
Site 1 A. EPA ID No. of off-site installation	·	B. Name of off-site	me of off-site installation or transporter			
C. Handler type (MARK ALL THAT APPLY) Generator Transporter TSDR facility						
Site 2 A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter						
C. Handler type (MARK ALL THAT APPLY) Generator Transporter TSDR facility						
Site 3 A. EPA ID No. of off-site installatio	. Name of off-site i	nstallation or transporter				
C. Handler type (MARK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of off-site insta Street City State Zip Zip					
Site 4 A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter						
C. Handler type (MARK ALL THAT APPLY) Generator Transporter TSDR facility	D. Address of off-site ins Street City State Zip Zip					
Comments:						